## TRANSMITTAL **FORM**

Application Number 10/533,220 Filing Date 4/28/2005 First Named Inventor Shoichi Akita 3725 Art Unit Kyle R. Grabowski Examiner Name Attorney Docket Number 4605 - 051180

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)										
Fee Transmittal Form	Drawing(s)	After Allowance communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
After Final	Petition to convert to a Provisional Application	Proprietary Information								
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter								
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):								
Express Abandonment Request	Request for Refund									
Information Disclosure Statement	CD, Number of CD(s)									
	Landscape Table on CD									
Certified Copy of Priority Document(s)	Remarks									
Reply to Missing Parts/										
Incomplete Application Reply to Missing Parts										
Under 37 CFR 1.52 or 1.53										
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name The Webb Daw	Firm									
Signature ) what h his										
Printed Name Richard L. Byrne										
Date July 15, 2009	Reg. No.	28,498								
CERTIFICATE OF TRANSMISSION / MAILING										
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature MULLY										
Typed or printed name Lisa A. Mil	Date July 15, 2009									

	Effective on 12/08/2004.  Complete if Known											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).												
FEE TRANSMITTAL			Application Number 10/533,220				······································					
For FY 2009			Filing Da									
					<del> </del>							
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		Kyle R. Grabowski							
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Art Unit         3725           Attorney Docket         4605 - 051180									
TOTALAMOUNT	OFTATMEN	Attorney	Docket	1 4003 - 0.	J1100							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm												
For the abo	ove-identified dep	posit account, th	ne Director is	hereby auth								
L	arge fee(s) indicate				Charge fee	e(s) indicated	below, exc	ept for the	filing fee			
	arge any additional ler 37 CFR 1,16 an		payments of f	ee(s)	Credit any	overpayment	ts					
WARNING: Information information and authorize		ecome public. Cre	dit card inform	ation should n	ot be included o	n this form. Pro	ovide credit	card				
FEE CALCULATION		pelow are due	upon filing a	r mav be si	ibject to a si	ırcharge.)						
1. BASIC FILING		Wenter was the Manager and College of the College o		, 200		5-7	mager & day of its period and Titres in the old par	personal results of the second control of the second				
i. Dasie Fibrio	FILING		SEARCH	FEES	EXAMINA	TION FEES						
		all Entity		l Entity	_	mall Entity						
Application Typ				ee (\$)	Fee (\$)	Fee (\$)		Fees P	<u>'aid (\$)</u>			
Utility	330	82		270	220	110						
Design	220	110	100	50	140	70		***************************************				
Plant	220	110	330	165	170	85		*	<del></del>			
Reissue	330	165	540	270	650	325		***************************************	***************************************			
Provisional	220	110	0	0	0	0						
2. EXCESS CLAII	M FEES								Small Entity			
Fee Description	<i></i>							Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues) 52							26 110					
Each independent claim over 3 (including Reissues)  Multiple dependent claims								220 390	195			
Total Claims	- 20 or HP	Extra Claims	Fee (S	s) F	ee Paid (\$)		N		ependent Claims			
- I Ottai Ciainis	=	DATE CHINE	x <u>x 20010</u>	= =	ee I ald (#)		<u></u>	Fee (\$)	Fee Paid (\$)			
HP = highest number	of total claims paid	for, if greater than	20.									
Indep. Claims	<u>- 3 or HP</u>	Extra Claims			ee Paid (\$)							
IID - 12-b-	=======================================		X	=								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE												
If the specificat	tion and drawings											
	2(e)), the applica .C. 41(a)(1)(G) at			35 for small	entity) for ea	ach additiona	ıl 50 sheets	s or fraction	n thereof.			
Total Sheets	.c. 41(a)(1)(G) al			ach additio	al 50 or fra	ction thereo	f <u>Fee</u>	(\$)	Fee Paid (\$)			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S)  Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): One-month Extension							130					
SUBMITTED BY												
7		7. /	10	Regis	tration No.							
Signature ( ) www how (Attorney/Agent) 28,498 Telephone 412-471-8815												
Name (Print Type) Richard L. Byrne Date July 15, 2009												